

Master C: XXXXXXXXXXXX5583

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>09/19/12</u>		2 Serial/Patent # <u>09/222,336</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal		<u>9/17/12</u>	\$								
<input checked="" type="checkbox"/>	Petition	none	09/18/12	\$ 200.00								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
			7 TOTAL AMOUNT OF REFUND		\$ 200.00							
			8 TO BE REFUNDED BY:									
10 REASON:			Treasury Check Credit Card									
	Overpayment	Credit Deposit A/C #:										
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						--				
		--										
	No Fee Due (Explanation):											
Petition fee paid on 7/9/2012, and then again on 9/17/2012.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Paul Sharoski</u>		TITLE: <u>Sr. Petitions Attorney</u>										
SIGNATURE: <u><i>Paul Sharoski</i></u>		PHONE: <u>571-272-3225</u>										
OFFICE: <u>Office of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u><i>CKH/BK</i></u>		DATE: <u>9/20/12</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: